

PURCHASE ORDER

POMM-P-005

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICES UNIT

Supplier: ISLATEL REALTY AND DEVELOPMENT CORPORATION

Address: Brgy. Lucap, Alaminos City, Pangasinan

Tel./Fax No.: (075) 510-2850

Supplier Registered with: 010-548-390-000 V

PO No. 2024-144

Date: 6/11/2024

Terms of Payment: Charge

Mode of Procurement: Negotiated Procurement

Lease of Privately-Owned

Venue

Please deliver to this office on June 28, 2024, from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	40	BOX	AM Snacks & Lunch XXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXX Less: VAT (5%/1.12) EWT (1%/1.12) PR No. 24-0524-0262 (5029901002)	400.00	16,000.00
				TOTAL	16,000.00
					714.29
					142.86
			PURPOSE: Conduct of Orientation on Konsulta Registration to Konsulta Package Providers in Region I For RHQ Western Pangasinan	TOTAL - NET	15,142.85

Terms & Conditions

- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, INCORPORATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1)" which is deemed incorporated into this Contract. No PhilHealth personnel shall solicit, demand, or accept directly or indirectly, any gift from any person, group, association, or judicial entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant at verification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" "in three (3) calendar days".
- Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

Very truly yours,

CYNTHIA S. SANTOS
Division Chief / MSD Group

Red-Red Budget Available	Funds Available in the amount of	APPROVED
JOSE A. MONES Fiscal Controller III	EDWARD Q. ESPIRITU FC IV / FMS Chief	
Work in this PO	2024	
Expensing Code	22000000 / 0001	
Object	216.00.00	
Remarks	NO SUPPORT	
Confirms:		
Signature over Printed Name and Position of Authorized Representative	Cherry Ann Reyes	
Date	6-18-24	
		DENNIS B. ADRE Regional Vice President (PRO)
		Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)



JUN 25 2024

RECEIVED BY: